



SLVCEH Coordinated Entry Referral



Family Household With Children Under 18

Whole household is referred together in one referral

Organizations who do not have full access to the UHMIS database should use these forms to refer a household into the SLVCEH Coordinated Entry System. Upon submission of these forms, please complete the [Coordinated Entry Referral Form](#) to complete the referral process.

UHMIS Informed Consent Release Form

One form per adult

UHMIS SLVCEH Housing Prioritization (HAST)

Basic Assessment Forms

Head of Household: Head of Household Entry Assessment, HAST Questionnaire

Other Adult(s): Second Adult Entry Assessment

Child(ren): Child Entry Assessment

Referring Staff Name: _____

Referring Organization: _____ Referral Date: _____

Coordinated Entry Team Use Only	
HoH HMIS ID: _____	<input type="checkbox"/> UHMIS Enrollment Entered <input type="checkbox"/> UHMIS Service Entered <input type="checkbox"/> HAST Score Confirmation <input type="checkbox"/> CE Referral Form Received

Utah Homeless Management Information System: Informed Consent Release Form

What is UHMIS?

(Agency) Salt Lake CoC participates in the Utah Homeless Management Information System (UHMIS), an online database that collects information about persons in Utah who are experiencing homelessness, those at risk of homelessness, and those who are formerly homeless.

What type of information is asked of me?

UHMIS asks for identifying information including, but not limited to, basic demographics (i.e., Name, Date of Birth, etc.), limited health data (i.e., disabling condition), and financial information. Each question has been carefully reviewed to ensure only the minimum required information necessary is collected.

Who is it shared with?



(Agency) Salt Lake CoC must collect client information in UHMIS for program participation, even if you choose not to sign this form. However, information is shared with other providers only **after** you sign this consent form to release that information. For more information on how your information is protected and shared, please scan the QR code on this page or go to UtahHMIS.org/For-Clients.

What happens if I choose not to sign this form?

- You may refuse and will not be denied services unless a specific funding source for those services requires client information to be shared in UHMIS.
- You may refuse to share your information with only one or all other providers.
- You may choose not to share any specific data element even after signing this consent form.
- For (Agency) Salt Lake CoC to serve you with this UHMIS participating project, your information will still be entered into UHMIS and be visible to the users who work for this agency. It will also be visible to a small group of people not employed with this agency who provide security, oversight, data analysis, and research to improve services for those served by UHMIS.

When does your consent end?

By default, your consent will end seven years after the signature date; however, you may also change your consent to share at any time. Due to the nature of UHMIS, when your consent ends, this agency will share no new information, but this agency will not remove anything already shared within the system.

Your Rights

- You may request this document in a format better suited to your needs and understanding.
- You may request to see information for yourself and your legal dependents and to change it if it is incorrect.

I understand the above statements and consent to including personally identifying information in UHMIS about me and any dependents listed below. I authorize the information collected to be shared with other providers. I understand that my personal identifying information will not be made public and will only be used with strict confidentiality. I also know that I may withdraw my consent at any time by submitting a UHMIS Informed Consent Revocation Form, which can be provided to me by this agency. I understand I may obtain a copy of my signed consent form from this Agency.

Client Signature (Parent/Guardian)	Client Name (Print Clearly)	Date

Dependent children under 18 in the household, if any (please print first and last names clearly):		

Agency Staff Signature	Agency Staff Name (Print Clearly)	Date

Agency use, check as needed.
<input type="checkbox"/> Client approved back-dated consent*, to the date: <small>* You may backdate up to five business days from today's date, as defined in UHMIS policy. (E.g., if the client signs the form on 7/5/24, you may backdate it to 7/1/24.)</small>
<input type="checkbox"/> The client gave verbal consent <input type="checkbox"/> The Client is unable to consent <input type="checkbox"/> The Client refused <input type="checkbox"/> Client restricts some sharing (describe on form)

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Dependent children under 18 in the household, if any (please print first and last names clearly):		

Agency Staff Signature	Agency Staff Name (Print Clearly)	Date

Agency use, check as needed.
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<input type="checkbox"/> The client gave verbal consent <input type="checkbox"/> The Client is unable to consent <input type="checkbox"/> The Client refused <input type="checkbox"/> Client restricts some sharing (describe on form)

Assessment Information:					
Client ID:		Head of Household ID:		Assessment Type:	Entry
Relationship to HOH:	Self	Spouse/ Partner	Child	Other Relation	Other non-relation
Project Name:	SLVCEH – Housing Prioritization (HAST)			Assessment Date: (date)	
				Assessor Name:	

Head of Household – Entry Assessment
SLVCEH – Housing Prioritization (HAST)

Basic Client Information						
				Name Data Quality (Circle One)	Full	
First Name	Middle Name	Last Name	Suffix		Partial, Street, or Code	
				Veteran Status (Circle One)	Yes	
Social Security Number		Date of Birth			No	
Race and Ethnicity: (Circle all that apply)	White		Native Hawaiian or Pacific Islander		Black, African American, or African	
	Asian or Asian American		Middle Eastern or North Africa		American Indian, Alaska Native, or Indigenous	
	Hispanic / Latina/e/o		(Optional) Additional Details:			
Sex (Circle one)	Female		Male		Data not collected	
	Client prefers not to answer		Client doesn't know		If pregnant, due date (Optional)	

HUD Program Enrollment	
Date of Program Entry: (date)	

Universal Data Assessment	
What is the Enrollment CoC? (Circle One)	Salt Lake County Other (please explain)

Prior Living Situation - Entry Assessment Only			
Where did the client sleep LAST night? (use living situation list and write in answer)			
Length of stay in prior living situation:	1 night or less	1 week or more, less than 1 month	90 days or more, less than 1 year
	2-6 nights	1 month or more, less than 90 days	1 year or longer
Date homelessness started: (When did the client become homeless this time?)			
Total number of months homeless on the street, in ES, or SH in the past three years:	1 month (this time is the first month or day)		2 – 12 Months exactly _____ (write number of months)
			More than 12 months
Number of times the client has been on the streets in Emergency Shelter (ES), or Safe Haven (SH) in the past three years: (Circle One)	1 Time		2 Times
	3 Times		4 or more times

Health Insurance – All Assessments (circle all that apply)			
Medicaid	Medicare	Employer-Provided Health Insurance	Veteran's Health Administration (VHA)
Private Pay Health Insurance	Health Insurance obtained through COBRA	State Health Insurance for Adults	State Children's Health Insurance Program (CHIP)
Indian Health Services Program	Other: (Source)	None – Not covered by any type of health insurance	

Utah Data Elements			
Zip Code of the last permanent address you lived at?			
Eviction History (Circle One for each)	In the last 12 months, have you been evicted?		Yes No
	Are you homeless today because of an eviction?		Yes No
	Have you been denied housing due to an eviction?		Yes No
Animals	Do you have an animal with you?		Yes No

Barriers								
Disabling Condition: (Circle One, saved on universal data assessment)							Yes	No
Yes	Barrier	Indefinite:		Description: Optional	Yes	Barrier	Indefinite:	
	Alcohol Use Disorder	Yes	No			HIV / AIDS		
	Chronic Health Condition	Yes	No			Mental Health Disorder	Yes	No
	Developmental Disability					Physical Disability	Yes	No
	Drug Use Disorder	Yes	No			None – Client has no reported barriers		

Current Living Situation		
Where is the client sleeping tonight? (use living situation list and write in answer)		
Is client going to have to leave their current living situation within 14 days?		Yes No
If yes, answer following questions		
Has a subsequent residence been identified?		Yes No
Does individual or family have resources or support networks to obtain other permanent housing?		Yes No
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?		Yes No
Has the client moved 2 or more times in the last 60 days?		Yes No

SLVCEH Housing Prioritization - Triage Assessment			
Assessment Location (from drop-down in UHMIS, usually is the agency name entering the assessment)			
Assessment Contact Type: (Circle One)		Phone	Virtual In Person
Is your health or safety at risk in the place you were staying last night? (Circle One)		Yes	No

Housing Progress Comments

All Questions are "Client Self Report," staff can only answer the questions with the responses the client has given.

(1) Do not give directly to clients. (2) Complete one form per household member. (3) Fill out one form for each assessment type. (4) Missing Data: Mark 'DNC' if Data Not Collected, mark 'DK' if Client doesn't know, Mark 'PNA' if the Client prefers not to answer. (5) Corrections: Mark the correct information, and line out, initial, and date the incorrect information.

Assessment Information:					
Client ID:		Head of Household ID:		Assessment Type:	Entry
Relationship to HOH:	Self	Spouse/ Partner	Child	Other Relation	Other non-relation
Project Name:	SLVCEH – Housing Prioritization (HAST)			Assessment Date: (date)	
				Assessor Name:	

HAST Questionnaire – Head of Household Only

Assessment Location (write in option from drop-down, usually the agency name)	
Assessment Contact Type (Circle One)	Phone Virtual In person

Housing Assistance Screening Tool - Version 1.0.1.

- Instructions:**
- Ask the questions as written.
 - For questions where you write in a number:
 - Estimates are OK, if the client gives you months, multiply by 30 to get days, if they give you years, double check, then multiply by 365 to get years.
 - You can write down what the client tells you on the form and then convert to “days” after your meeting. Write in your calculation so others can recreate it.
 - For households where everyone is an adult, create a separate SLVCEH – Housing Prioritization (HAST) enrollment for everyone.
 - For households with adults and children, create one SLVCEH – Housing Prioritization (HAST) enrollment for the family, with the Head of Household the same as what it will be in housing.

Please read to the client before beginning, you may add additional information to support the client:
 In order to assess your eligibility, I have to ask you a few questions. It will take around 10 minutes and will help us understand how to best support you.

1. Would you mind sharing where you sleep most often - like a shelter, a friend's place, outside, or somewhere else?

Shelters	Couch Surfing	Transitional Housing	Outdoors	Other
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2. How long has it been since you have lived in a place that you consider stable and permanent, like a home you don't have to move out of regularly?

None	Less than one year	One or two years	More than 3 years.
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3. Sometimes people face health-related challenges that affect housing. Have you ever had difficulty keeping a place to live because of a head injury or memory issues?	Yes	No
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4. And what about learning challenges (such as difficulty reading, writing, or understanding certain information) - has anything like that made it hard to keep housing in the past?	Yes	No
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5. Can you tell me roughly how many days you've experienced homelessness in the past three years? (Please write in response in line below)

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6. Do you have any regular sources of income at the moment - like a job, government support, or anything else that helps you get by?	Yes	No
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7. Managing money and debts can be tough. Do you have any outstanding debts - like to a past landlord, a business, or a government agency such as the IRS?	Yes	No
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8. Thinking about the past six months have you needed to go to the emergency room for health concerns?

None	One time	Two times	More than two times
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9. Have you reached out to any crisis services during that time (such as a helpline, emergency mental health support, or a crisis intervention team) - maybe for mental health or emotional support?	Yes	No
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None	One time	More than one time
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10. Has a physical health issue ever caused you to leave a place where you were staying - like an apartment or shelter?	Yes	No
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11. Do you deal with any long-term health issues - especially with your liver, heart, lungs, or stomach?	Yes	No
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12. Has a doctor ever prescribed medication that you've had trouble taking regularly - maybe because of side effects, access, or other reasons?	Yes	No
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13. Do you have any physical limitations that would make it harder to find housing that works for you?	Yes	No
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14. Some people hesitate to get medical help even when they're not feeling well. Has that ever been the case for you?	Yes	No
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15. And sometimes people use medications differently than prescribed - has that ever happened for you, or have you ever sold medications for money or other needs?	Yes	No
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16. Are there any activities you do - even small ones - that bring you joy, purpose, or a sense of calm?	Yes	No
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In the past year, were there any times you experienced homelessness and received services from any of the following?	Yes	No
<ul style="list-style-type: none"> • Services received related to homelessness outside of Utah • Domestic violence shelters (only ask if safe and private) • Human trafficking support services (only ask if safe and private) • Any other programs or services that we haven't talked about yet (Count only if these programs are not recorded in UHMS) 	<i>If yes, please answer the remaining questions.</i>	<i>If no, you are done, congratulations!</i>

17. In the past year, have you ever stayed in a shelter or in a place not meant for human habitation?	Yes	No
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18. If yes, Was any of that within the past 3 months?	Yes	No
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19. Thinking back, roughly how many nights have you stayed in a shelter:	in the past 3 months?	
	in the past 6 months?	
	in the past year?	

20. When you were not staying in shelter, did you stay outside, in your car, or in an otherwise unsheltered place? If so, how many months did you stay:	in the past 3 months?	
	in the past 6 months?	
	in the past year?	

21. In the past 3 months, have you completed any assessments or applications for any housing programs - like Rapid Rehousing, Transitional Housing, or Permanent Supportive Housing?	Yes	No
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22. In the past year, have you received any benefits, even if you no longer receive them (like SSI/SSDI, SNAP, FEP, unemployment, VA benefits, etc.)?	Yes	No
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23. If yes, Was any of that in the past 6 months?	Yes	No
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24. If yes, And was any of that in the past 3 months?	Yes	No
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Assessment Information:				
Client ID:		Head of Household ID:		Assessment Type: Entry
Relationship to HOH:	Self	Spouse/ Partner	Child	Other Relation
Project Name:	SLVCEH – Housing Prioritization (HAST)			Assessor Name:

Second Adult – Entry Assessment
 SLVCEH – Housing Prioritization (HAST)
 Two or more adult households must also have children enrolled.

Basic Client Information

First Name	Middle Name	Last Name	Suffix	Name Data Quality <i>(Circle One)</i>	Full Partial, Street, or Code
Social Security Number				Veteran Status <i>(Circle One)</i>	Yes No
Date of Birth		Race and Ethnicity: <i>(Circle all that apply)</i>			
White		Native Hawaiian or Pacific Islander		Black, African American, or African	
Asian or Asian American		Middle Eastern or North Africa		American Indian, Alaska Native, or Indigenous	
Hispanic / Latina/e/o		<i>(Optional) Additional Details:</i>			
Sex <i>(Circle one)</i>	Female	Male	Data not collected	If pregnant, due date <i>(Optional)</i>	
	Client prefers not to answer	Client doesn't know			

HUD Program Enrollment

Date of Program Entry: <i>(date)</i>	
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Universal Data Assessment

What is the Enrollment CoC? <i>(Circle One)</i>	Salt Lake County	Other (please explain)
Prior Living Situation - Entry Assessment Only		
Where did the client sleep LAST night? <i>(use living situation list and write in answer)</i>		
Length of stay in prior living situation:	1 night or less	1 week or more, less than 1 month
	2-6 nights	1 month or more, less than 90 days
		90 days or more, less than 1 year
		1 year or longer
Date homelessness started: <i>(When did the client become homeless this time?)</i>		
Total number of months homeless on the street, in ES, or SH in the past three years:	1 month <i>(this time is the first month or day)</i>	2 – 12 Months exactly _____ <i>(write number of months)</i>
		More than 12 months
Number of times the client has been on the streets in Emergency Shelter (ES), or Safe Haven (SH) in the past three years: <i>(Circle One)</i>	1 Time	2 Times
	3 Times	4 or more times

Health Insurance – All Assessments *(circle all that apply)*

Medicaid	Medicare	Employer-Provided Health Insurance	Veteran's Health Administration (VHA)
Private Pay Health Insurance	Health Insurance obtained through COBRA	State Health Insurance for Adults	State Children's Health Insurance Program (CHIP)
Indian Health Services Program	Other: <i>(Source)</i>	None – Not covered by any type of health insurance	

Utah Data Elements

Zip Code of the last permanent address you lived at?			
Eviction History <i>(Circle One for each)</i>	In the last 12 months, have you been evicted?	Yes	No
	Are you homeless today because of an eviction?	Yes	No
	Have you been denied housing due to an eviction?	Yes	No

Barriers

Disabling Condition: <i>(Circle One, saved on universal data assessment)</i>	Yes	No					
Yes	Barrier	Indefinite:	Description: <i>Optional</i>	Yes	Barrier	Indefinite:	Description:
	Alcohol Use Disorder	Yes	No		HIV / AIDS		
	Chronic Health Condition	Yes	No		Mental Health Disorder	Yes	No
	Developmental Disability				Physical Disability	Yes	No
	Drug Use Disorder	Yes	No		None – Client has no reported barriers		

Current Living Situation

Where is the client sleeping tonight? <i>(use living situation list and write in answer)</i>		
Is client going to have to leave their current living situation within 14 days?	Yes	No
<i>If yes, answer following questions</i>		
Has a subsequent residence been identified?	Yes	No
Does individual or family have resources or support networks to obtain other permanent housing?	Yes	No
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	Yes	No
Has the client moved 2 or more times in the last 60 days?	Yes	No

All Questions are "Client Self Report," staff can only answer the questions with the responses the client has given.

(1) Do not give directly to clients. (2) Complete one form per household member. (3) Fill out one form for each assessment type. (4) Missing Data: Mark 'DNC' if Data Not Collected, mark 'DK' if Client doesn't know, Mark 'PNA' if the Client prefers not to answer. (5) Corrections: Mark the correct information, and line out, initial, and date the incorrect information.

Assessment Information:					
Client ID:		Head of Household ID:		Assessment Type:	Entry
Relationship to HOH:	Self	Spouse/ Partner	Child	Other Relation	Other non-relation
Project Name:	SLVCEH – Housing Prioritization (HAST)			Assessment Date: (date)	
				Assessor Name:	

Child – Entry Assessment
 SLVCEH – Housing Prioritization (HAST)
 Please fill out one form per child in the household.

Basic Client Information					
				Name Data Quality (Circle One)	Full
First Name	Middle Name	Last Name	Suffix	Partial, Street, or Code	
Social Security Number			Date of Birth		
Race and Ethnicity: (Circle all that apply)	White	Native Hawaiian or Pacific Islander	Black, African American, or African		
	Asian or Asian American	Middle Eastern or North Africa	American Indian, Alaska Native, or Indigenous		
	Hispanic / Latina/e/o	(Optional) Additional Details:			
Sex (Circle one)	Female	Male	Data not collected		
	Client prefers not to answer	Client doesn't know	If pregnant, due date (Optional)		

HUD Program Enrollment	
Date of Program Entry: (date)	

Universal Data Assessment			
Health Insurance – All Assessments (circle all that apply)			
Medicaid	Medicare	Employer-Provided Health Insurance	Veteran's Health Administration (VHA)
Private Pay Health Insurance	Health Insurance obtained through COBRA	State Health Insurance for Adults	State Children's Health Insurance Program (CHIP)
Indian Health Services Program	Other: (Source)	None – Not covered by any type of health insurance	

Barriers									
Disabling Condition: (Circle One, saved on universal data assessment)							Yes	No	
Yes	Barrier	Indefinite:		Description: Optional	Yes	Barrier	Indefinite:		Description:
	Alcohol Use Disorder	Yes	No			HIV / AIDS			
	Chronic Health Condition	Yes	No			Mental Health Disorder	Yes	No	
	Developmental Disability					Physical Disability	Yes	No	
	Drug Use Disorder	Yes	No			None – Client has no reported barriers			

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For reference only

Assessment Information:						
Client ID:				Head of Household ID:		
Relationship to HOH:	Self	Spouse/ Partner	Child	Other Relation	Other non-relation	Assessment Type: Entry
Project Name:	SLVCEH – Housing Prioritization (HAST)				Assessment Date: (date)	
					Assessor Name:	

Living Situation List – Reference Only:

(Use list to fill in prior living situation, current living situation, or exit destination, depending on the assessment being completed. Some Living Situations cannot be used during some assessment types, please only use the living situation with a ✓ next to it for the assessment type you are completing).

	Entry	Current	Exit			Entry	Current	Exit	
	Homeless <i>(Literally homeless)</i>	✓	✓	✓		Place not meant for habitation	Permanent Housing	X	X
	✓	✓	✓	Emergency Shelter		X	X	✓	Staying or living with friends PERMANENT
	✓	✓	✓	Safe Haven <i>(not in Utah)</i>		X	X	✓	Moved from one HOPWA funded project to HOPWA PH
Institutional	✓	✓	✓	Foster care home or foster care group home		✓	✓	✓	Rental by client (no ongoing subsidy)
	✓	✓	✓	Hospital or other residential non-psychiatric medical facility		✓	✓	✓	Owned by client (no ongoing subsidy)
	✓	✓	✓	Jail, prison, or juvenile detention facility		✓	✓	✓	Rental by client (with subsidy)
	✓	✓	✓	Long-term care facility or nursing home		✓	✓	✓	Owned by client (with subsidy)
	✓	✓	✓	Psychiatric hospital or other psychiatric facility		Subsidy type (if housed with subsidy also circle type)			
	✓	✓	✓	Substance abuse treatment facility (or detox)		GPD TIP housing subsidy		VASH housing subsidy	
Temporary Housing	✓	✓	✓	Transitional housing for homeless persons		RRH or equivalent subsidy		Public housing unit	
	✓	✓	✓	Residential or halfway house with no homeless criteria		Permanent Supportive Housing		Other ongoing housing subsidy	
				Hotel or motel paid for without emergency shelter voucher		Foster Youth to Independence Initiative (FYI)		Family Unification Program Voucher (FUP)	
	✓	✓	✓	Host home <i>(non-crisis) (not in Utah)</i>		Other permanent housing dedicated for formerly homeless persons		HCV voucher (tenant or project based, not homeless dedicated, a.k.a., Section 8)	
	X	X	✓	Moved from one HOPWA funded project to HOPWA TH		Emergency Housing Voucher			
	X	X	✓	Staying or living with family TEMPORARY	Other	Entry	Current	Exit	
	X	X	✓	Staying or living with friends TEMPORARY		X	✓	✓	No exit interview completed
	✓	✓	X	Staying or living with friends		Other _____ <i>(email HMIS@utah.gov before use)</i>			
✓	✓	X	Staying or living in with family members		X	X	✓	Deceased	
					X	✓	N/A	Worker unable to determine	

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